



NURSING EDUCATION & WORKFORCE ADVISORY COMMITTEE (NEWAC) MEETING

AGENDA AND TELECONFERENCE SITES

Department of Consumer Affairs/Board of Registered Nursing Headquarters 1747 North Market Blvd., Suite 100, Pearl Room Sacramento, CA 95834-1924 Phone: (916) 574-7600	Kansas City Downtown Marriott 200 West 12th Street Yardbird A Room Kansas City, MO 64105
Kaiser Permanente NPCS Department 1800 Harrison Street, 17th Floor Oakland, CA 94612	28237 LaPiedra Road Nursing and Allied Health, Building 500 Menifee, CA 92584

**January 26, 2017
9 am to 12 pm**

1.0 Call to Order/Roll Call/Establishment of a Quorum

1.1 Introductions

2.0 Vote on Whether to Approve Previous Meeting Minutes

2.1 November 17, 2015 – Nursing Workforce Advisory Committee (NWAC)

2.2 April 26, 2016 – Education Issues Workgroup (EIW)

3.0 Background and Purpose of the NWAC, EIW and NEWAC

3.1 Vote on Whether to Approve EIW or similar subgroup, to complete Annual School Survey Work

3.2 Review/Discuss RN RN Recruitment in California – Ways to Increase Diversity

3.3 Review/Discuss Clinical Practice Sites – Issues Related to Educators and Employers and Displacement Issues

3.4 Review/Discuss Clinical Simulation

3.5 Review/Discuss Changes in Education for Ambulatory Care

3.6 Review/Discuss Recent Nursing Education and Workforce Research and Ideas

4.0 Public Comment for Items Not on the Agenda

5.0 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web site www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items. Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or e-mail webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing office at 1747 N. Market #150,

Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.

**BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
NURSING WORKFORCE ADVISORY COMMITTEE
MEETING MINUTES**

DATE: November 17, 2015

TIME: 9:30 am

LOCATION: Department of Consumer Affairs Headquarters #2 – Board of Registered Nursing
1747 North Market Blvd., 2nd Floor So., Sapphire Room #285
Sacramento, CA 95834-1924

PRESENT: Stephanie L. Decker, Chair - Kaiser Permanente National Patient Care Services
BJ Bartleson, RN, MS, NEA-BC - California Hospital Association/North
Bob Patterson, DNP(c), MSN, RN – HealthImpact, formerly known as the California Institute for
Nursing and Health Care
Jeannine Graves, MPA, BSN, RN, OCN, CNOR - Sutter Medical Center
Corinne MacEgan, BSN, RN, CHPN - American Nurses Association/California
Jane Schroeder - California Nurses Association/National Nurses United
Joanne Spetz, Ph.D. - Institute for Health Policy Studies, University of California, San Francisco
Louise Bailey, M.Ed., RN, Executive Officer - Board of Registered Nursing
Julie Campbell-Warnock, MA, Research Program Specialist - Board of Registered Nursing
Janette Wackerly, MBA, RN – Supervising Nurse Educ Consultant, Board of Registered Nursing

NOT PRESENT: Denise Duncan, BSN, RN - UNAC/UHCP
Deloras Jones, RN, MS – Independent Consultant
Pat McFarland, MS, RN, FAAN - Association of California Nurse Leaders
Tammy Rice, MSN, RN - Saddleback College
Linda Onstad-Adkins – Health Workforce Development Division – OSHPD
Miyo Minato, RN – Supervising Nurse Education Consultant, Board of Registered Nursing

1.0 Call to Order and Establishment of a Quorum

Meeting was called to order at 9:45 am and a quorum was established.

1.1 Introductions

Introductions of all committee members and staff was completed.

1.2 Review and Vote on Approval of Minutes – January 14, 2014

No public comment.

Motion: Joanne Spetz made a motion that the Committee approve the Minutes from January 14, 2014 Nursing Workforce Advisory Committee Meeting.

Second: BJ Bartleson

VOTES	SD	BB	BP	JG	CM	JS	JSpetz
	Y	Y	Y	Y	Y	A	Y

1.3 Approved Minutes: October 20, 2011

J. Campbell-Warnock explained the approved minutes were being provided for background information for the Committee members.

No public comments received and no motion required.

1.4 Background and Purpose of the NWAC

J. Campbell-Warnock explained that the Nursing Workforce Advisory Committee (NWAC) was first established by the Board in November 2001. At that time the Board charged the Advisory Committee to:

- Provide guidance to Board members and staff on items to be included in survey tools to determine current and projected supply and demand for RNs and Advanced Practice RNs and related issues.
- Recommend strategies to address disparities in workforce projections.
- Recommend strategies to address factors in the workplace that affect positively and negatively the health and safety of California residents and nursing.

The Committee last met on January 14, 2014 to focus on the review and make recommendations for the biennial RN survey instrument that was mailed out to RNs in 2014. Now the Committee is meeting to review and make recommendations for the survey instrument to be mailed out this year in spring of 2016.

No public comments received and no motion required.

2.1 Review Draft of 2014 BRN Survey of RNs Document

J. Campbell-Warnock introduced the 2014 survey document and the purpose of the Committee review to focus on the content of the survey questions to make recommendations that will be considered for the 2016 and future version of the survey. The BRN is mandated by B&P Section 2717 to collect and analyze workforce data from its licensees for future workforce planning and to produce reports on the collected workforce data at a minimum on a biennial basis. The data must include future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings and demographic data. The BRN, through the University of California, San Francisco (UCSF), conducts a survey and publishes a report on the BRN Web site every two years to fulfill this mandate. In addition to the workforce survey, UCSF also completes a forecasting report, the Annual School Survey and other surveys and analyses as needed by the BRN and within the funds of the contract (e.g., post-licensure education survey, analysis on RN workforce diversity, etc.). The reports are available on the BRN website at <http://www.rn.ca.gov/forms/pubs.shtml>.

J. Spetz led the Committee review of the 2014 RN survey document. In preparation for this meeting, the BRN and UCSF reviewed the 2014 survey and is proposing the following (some very minor) for discussion and possible revision for the 2016 survey:

Quest Num	2014 Survey Question	Suggested Revision	Committee Recommendation
14	How many other states do you hold an active RN license?	Delete question: Due to Nurse Licensure Compact changing patterns, data not as meaningful.	Keep question: Migration and multi-state licensure is important to know. Add lines for indication of what states. Drop down menu of states for online survey.
28	Employment setting	Add an “ambulatory other” category to avoid respondents writing these in general “other”.	Add “other” under “other inpatient setting” and “clinic/ambulatory” sections to capture these.
28-31	Employment setting Job title Job functions Clinical area	Respondents have had confusion about the differences between these questions. May help to reorder questions? Request input from Committee.	Reorder questions (move current Q29, job title to Q28; move current Q31, clinical area to Q29; move current Q28, employment setting to Q30; move current Q30, job functions to Q31) to move from specific to general job information.
29	Job title	Add an answer choice that encompasses “informatics/clinical docs specialist”.	Agree to add an answer choice for “informatics/clinical docs specialist”.
46-47	Have you ever stopped working for a period of more than one year? Why?	Answer to these questions are generally stable and does not collect specific reasons for re-entering after leaving so consider deleting and/or add questions about reasons.	Keep the existing questions and add one asking about reasons for re-entering.
58	Have you had changes in employment in the past year?	Add retired as an option to the answer choices.	Agree to add retired an option to the answer choices.
69	Race/ethnicity	Change to “check all that apply” instead of allowing only one choice and/or separate “mixed” from “other”.	Agree to change to “check all that apply” and delete “mixed” from “other” option.

In addition the committee discussed the use of temporary/travel nurses by employers and J. Spetz reviewed the questions in the survey regarding this and verified that, in her opinion, we are collecting as much information as feasible in this survey on temporary/travel nurses.

The survey development timeline was discussed:

- UCSF will make the revisions and send to BRN for review (December).
- BRN will send to Committee members for a review and request names for cognitive testers (December).
- UCSF will conduct cognitive testing (December/January).
- BRN sends licensee database to UCSF (February).
- UCSF finalizes survey and selects survey sample (February/March).
- Survey goes in the field (March/April).
- Paper surveys are screened, prepared and sent for data entry (July-September).
- Data collection of surveys is closed/completed (August).

No public comments received and no motion required.

2.2 Update on BRN Activities Related to APRNs

J. Campbell-Warnock reported the following update:

- Article 8 Standards for Nurse Practitioners Proposed Regulation
Before starting the formal rulemaking process for proposed regulations for Article 8 Standards for Nurse Practitioners, the Board directed BRN staff to initiate the Office of Administrative Law's pre-notice public discussion as a preliminary activity. The BRN invited interested parties to submit information/responses regarding the proposed regulation to the Nursing Practice Committee at its October 8, 2015 meeting in Santa Ana and at the upcoming Board and Committee meetings in early 2016 meetings. For those not able to attend a meeting, written information can be submitted to Janette Wackerly, RN, BSN, MBA at the BRN. This information and the proposed regulations are available on the BRN website at <http://rn.ca.gov/regulations/proposed.shtml>.
- Nurse Midwifery Committee Appointments
In accordance with B & P Code Section 2746.2, the Board of Registered Nursing is authorized to appoint persons to serve on the Nurse-Midwifery Committee to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. The Nurse-Midwifery Committee is to be composed of direct practice nurse-midwives, one each from northern and southern California, a nurse midwife engaged in nurse-midwifery education, one public member who has been a consumer of nurse midwifery practice and an obstetrical physician with knowledge of nurse midwifery-practice.

At its September 3, 2015 meeting, the Board approved there to be a total of five members on the Committee with the composition meeting the requirements as outlined above. The two direct practice nurse mid-wife members will have staggered membership terms, one would be two years and one would be three years. The other three members would have terms of two years. The Nurse-midwifery committee will meet twice a year. At its November 5, 2015 meeting the Board approved specific committee member appointments.

No public comments received and no motion required.

2.3 Review/Discussion of Data from BRN Annual School Survey Regarding Clinical Restrictions on RN Students

J. Campbell-Warnock reported on data obtained from the Annual School Survey regarding restrictions pre-licensure nursing students in California have encountered in their clinical placements imposed on them by clinical facilities. Data show that between 2009-2010 and 2013-2014 (71% to 77%) of programs reported their nursing students encountering some type of restrictions. The most common type of restriction reported was to the clinical site itself due to an accreditation visit (68% to 78%), electronic medical records (50% to 73%), bar coding medication administration (58% to 73%) and automated medical supply cabinets (34% to 53%). In 2013-2014 the most common reasons reported for the

restrictions to medical records was insufficient time to train students (63%) and staff still learning (62%). The most common reasons for restrictions to medication administration was liability (67%) and insufficient time to train students (46%). Regional data that differs significantly from the overall statewide data included:

- In the Greater Sacramento region, only one out of the five programs that reported restrictions indicated it was to electronic medical records or bar coding medication administration.
- In the San Joaquin Valley region, all programs that reported restrictions (9) were to electronic records and automated medical supply cabinets and eight were to bar coding medication administration.

The committee discussed the following topics surrounding this issue:

- Relationships between school, facility and preceptors is key for handling these issues. Trust needs to be developed between the organizations.
- Training/preparation of students at school prior to placements is important. Take advantage of simulation labs.
- Faculty need to be engaged.
- Burden of student training/oversight should not mainly fall to the staff nurses, need to participate with other disciplines so all of the burden does not fall to the floor nurse.
- There are workload and liability issues that employers are considering.
- Need to have a roundtable/discuss/educate on what nursing students can do, perhaps a crosswalk, each group has to understand what the other can do.
- Education re-design may be helpful.
- Revisit assumptions, relationships between schools and clinics. Consider developing a list of competencies so employers could have documentation on what competencies can be expected from RN students and graduates.

Some stakeholder workgroups and agencies were identified as appropriate for further discussion of this issue. BRN staff will work with the Committee chair to facilitate providing information to these workgroups and agencies.

No public comments received and no motion required.

2.4 Committee Members Share Other Recent Nursing Research & Ideas for Possible Additional Research

This is an opportunity for committee members to provide any updates on recent nursing workforce research that they would like to share or any ideas for possible additional research.

J. Campbell-Warnock reported that the most recent research and reports conducted by the BRN are available on the BRN website at <http://www.rn.ca.gov/forms/pubs.shtml>. The following were presented to show what BRN has completed since the last meeting in January 2014:

- 2013-2014 Annual School Reports – Statewide/Regional reports on pre-licensure programs. Also a report on post-licensure programs. An interactive database is also available.
- Survey of Registered Nurses in California 2014 – Includes a detailed report and data highlights in an interactive data summary that is currently being updated.
- Forecasts of RN Workforce in 2015 – Is based on a variety of data sources and presents the most current RN supply and demand projections in California.
- 2013 Survey of Nurses' Educational Experiences – This report was conducted to assess the state of nursing education in California, and RNs' experiences pursuing education after licensure. Data includes the post-licensure educational experiences of California's RNs, their reasons for pursuing additional education after their pre-licensure education, and their intentions regarding future education.
- Effectiveness of Simulation Education 2015 – This report is still under development/review and not yet available. This survey was conducted to assess the effectiveness of simulation education from the student's perspective. A sample of RNs who recently graduated from California nursing education programs were surveyed to assess the helpfulness of simulation education and hands-on clinical experiences in preparing them for their transition to practice and their current RN clinical experience from their perspective. Data from previous BRN and HealthImpact surveys is also being incorporated into the research/report.

J. Spetz discussed that UCSF completes a hospital-based employer survey annually and has not expanded it to other employers than hospitals as money is a factor and it is difficult and expensive to survey all the other employers that employ RNs. It is projected that the most current survey results will be available in the spring of 2016. Forecasting data completed for the BRN indicates a fairly balanced labor market if current factors continue (i.e., number of graduates, employment and state to state migration patterns, etc.). J. Spetz also discussed the following research ideas that are being considered, tried and/or conducted by other states or nationally:

- Research economic value of nursing, i.e., what nurses actually do on a shift for the patient.
- Washington and National Council beginning to review how states could monitor online RN to BSN programs with the recent growth in these programs and/or consider how to review to ensure they meet certain standards.
- RN diversity and what strategies might be helpful for outreach in this area were discussed. Some stakeholder workgroups and agencies were identified as appropriate for further discussion of this issue. BRN staff will work with the Committee chair to facilitate providing information to these workgroups and agencies.

No public comments received and no motion required.

3.0 Public Comment for Items Not on the Agenda

No public comments regarding items not on the agenda were received.

4.0 Adjournment

Meeting adjourned at 1:15 pm.

Date of next meeting: TBD

Joseph Morris, PhD, MSN, RN
Executive Officer

Stephanie L. Decker
Committee Chair

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
Education Issues Workgroup Meeting Minutes**

DATE: April 26, 2016

TIME: 10:00 a.m. - 3:00 p.m.

LOCATION: Department of Consumer Affairs Headquarters
1747 North Market Blvd., 2nd Floor, Sapphire Room #285
Sacramento, CA 95834-1924
(916) 574-7600 (phone)

PRESENT: Loucine Huckabay, PhD, RN, PNP, FAAN, CSU, Long Beach, Chairperson
Audrey Berman, PhD, RN, Samuel Merritt University/CACN
Stephanie L. Decker, Kaiser Permanente National Patient Care Services
Judy Martin-Holland, University of California, San Francisco
Robyn Nelson, PhD, RN – West Coast University
Tammy Rice, MSN, RN, Saddleback College
Stephanie Robinson, RN, MHA – Fresno City College (attended by telephone)
Paulina Van, Samuel Merritt University
Louise Bailey, MEd, RN, Executive Officer, BRN
Julie Campbell-Warnock, Research Program Specialist, EIW Liaison, BRN

ALSO PRESENT: Carolyn Orlowski, HealthImpact (formerly CINHC)
Carol Velas, BRN
Janette Wackerly, BRN
Joanne Spetz, UCSF
Lisel Blash, UCSF

MEMBERS NOT PRESENT: Judee Berg, RN, MS, FACHE, HealthImpact (formerly CINHC)
Brenda Fong, Community College Chancellor's Office
Deloras Jones, RN, MS, Independent Consultant (Resigned Eff 4/26/16)

OTHERS NOT PRESENT: Michael Jackson, BRN Board Member (ELC Chair)
Miyo Minato, SNEC, BRN

1. INTRODUCTIONS AND HOUSEKEEPING

Loucine Huckabay called the meeting to order and welcomed everyone at 10:05 a.m. Introductions were completed and housekeeping information was provided. Some changes were made to the agenda including reordering of some items for discussion and addition of a BRN update/discussion of ITIN issue (requested by Judy Martin-Holland).

2. REVIEW MINUTES OF APRIL 30, 2015 MEETING

Minutes were approved as presented.

3. AMBULATORY EDUCATION/PRACTICE PILOT PROJECT

Stephanie L. Decker provided an update on this project which is an ambulatory care academia/agency partnership. There have been two meetings where topics including meaningful clinical placements, advancing education for nurses, discussion on curriculum redesign and the question “How can we build on the ambulatory practice partnership via an ambulatory pilot exploring evolving roles for nursing as the landscape changes/calling for different preparation” were discussed. The nursing program director, Becky Otten, from CSU Fullerton is participating in the project and is willing to pilot curriculum once it is completed. Miyo Minato, NEC from the BRN, is serving in an advisory role in relation to BRN regulations.

4. REVIEW 2014-2015 ANNUAL SCHOOL SURVEY AND MAKE RECOMMENDATIONS FOR CHANGES IF NEEDED FOR THE 2015-2016 SURVEY

Julie Campbell-Warnock from the BRN and Joanne Spetz and Lisel Blash (who replaced Renae Waneka in November 2015 on this project) from UCSF, presented information on the 2014-2015 Annual School Survey and suggested revisions for the 2015-2016 survey. It was discussed that since many changes were made to the survey last year and some comments were received from programs to try and have the same questions from year to year, to keep survey changes to a minimum this year. The survey will be on line for the school programs to complete beginning October 1, 2016 and the data collection period will end November 15, 2016. Following is a brief summary of the more significant 2015-2016 survey changes that were recommended at the meeting and/or to follow-up by e-mail for further discussion/input from the workgroup:

General, General Pre-licensure and Post-licensure Sections:

- 1) Add new answer choice to question asking about director/assistant directors work time.
- 2) Add text to question that asks about number of individuals providing clinical coordination that gives examples and further defines who the individuals may be that would be counted in this question.
- 3) Add instructions prior to institutional accreditation question that a question related to nursing program accreditation will occur later.
- 4) Revise answer choice for institutional accreditation question for ACCJC/WASC-JC and add a link to a definition for institutional accreditation.
- 5) Add a list of answer choice options, including other, instead of leaving open-ended for question asking about training for faculty to support success of at-risk students. Use the most common answers that were written in the 2014-2015.
- 6) Add a question asking if the programs ratio of full-time/part-time faculty has changed significantly over the past five years and a follow-up question asking the reasons for those answering yes.
- 7) Revise instructions at the beginning of the section that includes faculty questions to not include faculty that do not have current teaching assignments even if the program classifies them as faculty.

Generic ADN Section (and other Sections if question(s) in more than one section):

- 1) Revise questions regarding BSN and ADN collaborative programs and delete question regarding the types of agreements (MOU/formal).
- 2) Add instructions to clarify that questions that ask about admission spaces and total applications received should be only generic students.
- 3) Revise answer choices for question related to admission criteria.

- 4) Revise question and answer choices about professional program accreditation and add a link to a definition for professional accreditation.
- 5) Revise questions asking about students with disabilities, delete question asking about total number with a disability, delete the word declared and edit answer choices for types of disability.
- 6) Add option of still not licensed to question about new graduate employment.
- 7) For student completion and retention questions, consolidate all students into one question. Delete separate questions that ask about accelerated students.
- 8) Revise Clinical Simulation section:
 - a. Change title to Clinical Training and add a definition
 - b. Slightly revise clinical simulation definition
 - c. Delete first question asking if the program uses clinical simulation
 - d. Edit instructions
 - e. Change default on questions to be “no change” or “maintain” instead of blank
 - f. When appears, change specialty area to content area
 - g. Change order of questioning so question regarding why clinical hours are being reduced is shown only if total training hours in a clinical area have declined and revise answer choices to this question
- 9) Revise question asking about the average debt load of students
- 10) Revise ELM instructions and have all ELM data in one section rather than separating into post-licensure section. Joanne Spetz will draft language for review by staff and workgroup members who have an ELM program
- 11) Revise the following definitions:
 - a. Delete definition for accelerated program
 - b. Revise definition for generic pre-licensure students
 - c. Revise definition for students dropped or disqualified to include separate definitions for students who withdrew and students who were dismissed

Post Licensure Sections:

- 1) Revise question regarding national certification exams, change “require” to “prepare.”
- 2) Revise new student enrollment and completion question in RN to BSN section related to categories of students.

5. ADDITIONAL ITEMS

- a. **Teacher-student ratio in the clinical setting as part of the BRN program approval criteria (added by Lucy Huckabay)** – Lucy Huckabay reported that she is getting pressure from her school to show written requirements from accrediting/approving agencies for a specific maximum number of student/teacher ratio in the clinical settings. She is concerned they will increase this ratio at her program as the BRN does not have specific numbers required and requested that the Workgroup consider a recommended maximum student/teacher ratio. The Workgroup discussed and did not want to recommend a maximum number at this time as there is a concern that those using a lower number may increase to the maximum and the Workgroup would want more information on how this may impact other programs before making a recommendation. The Workgroup suggested instead having stronger language in the BRN directors handbook and clinical agreement. Carol Velas is the BRN NEC currently working on the directors handbook so she will work with Lucy on this issue.

- b. Nursing Program Information to the BRN Website (added by Julie Campbell-Warnock)**
An update was provided on the plans for the individual school information (program accreditation, retention and attrition) to be added to the website in the near future. Notification of programs on warning status has already been added to the website. An e-mail was received from a member of the public requesting that an overall comprehensive success rate (probability of success) statistic be added to the website which would be a formula based on student retention and NCLEX pass rate. The workgroup discussed this request and recommends that this not be included at this time as many factors are a part of the NCLEX pass rates and the attrition/retention data and had concern that having one number could be open to misinterpretation and confusion by the public.
- c. Overview of the Draft BRN Clinical Simulation Survey Report (added by Julie Campbell-Warnock)** – The BRN contracted with UCSF to complete a survey of a sample of RNs who recently graduated from California nursing education programs to learn about their clinical education experiences (simulation and hands-on clinical experiences) and how they thought it prepared them for their transition to practice as an RN, from the newly licensed RNs perspective. Julie Campbell-Warnock provided an overview of the survey and the results and reported that the report will be posted on the BRN website when it is finalized.
- d. Update on ITIN Issue for BRN (added by Judy Martin-Holland)** – Judy Martin Holland requested an update from the BRN regarding acceptance of an ITIN from applicants who do not have a SSN. She reported that she has found information on the BRN website that indicates a SSN is required. It was discussed that the BRN is legislatively mandated to accept ITIN so the website needs to be updated. Julie Campbell-Warnock will follow-up with BRN staff and report back to Judy on this issue.

Meeting Adjourned at 3:00 p.m.

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.1
DATE: January 26, 2017

ACTION REQUESTED: Vote on Whether to Approve EIW or Similar Subgroup, to complete Annual School Survey Work

REQUESTED BY: Julie Campbell-Warnock, Research Program Specialist - BRN

BACKGROUND: The Nursing Education & Workforce Advisory Committee is the combination of the Education Issues Workgroup and the Nursing Workforce Advisory Committee as recommended by the Sunset Review. Below is some background on each of these Groups:

Education Issues Workgroup (EIW) – This Workgroup’s main task has been to assist the BRN staff by reviewing the Annual School Survey and at times advise BRN staff on education issues. The EIW includes representation from different pre-licensure educational degree programs and a few stakeholders. Membership has been selected by the EO, keeping in mind geographical and program (i.e., public and private, degree type) representation. The EIW has met annually to mainly review and provide input into the Annual School Survey.

Nursing Workforce Advisory Committee – In November 2001, the Board approved formation of the Nursing Workforce Advisory Committee (NWAC) as an advisory committee to: provide guidance to the Board on the content of surveys regarding RN workforce issues; recommend strategies to address disparities in workforce projections; and identify factors in the workplace that positively and negatively affect the health and safety of consumers and nursing staff. Over time, the Committee has been meeting biennially and includes members from nursing education, nursing associations, and other state agencies and its main purpose has been to review the biennial RN survey and provide input. This Committee has always had its meetings open to the public , agendas published, etc.

The EIW has been very helpful and the BRN staff have relied upon the input of this workgroup when working on the Annual School Survey. The BRN would like to see some form of that continue with the education representatives on this Committee and requests the NEWAC to discuss and provide their input on this issue. If it is approved by the Committee to have a smaller subgroup work on the Annual School Survey, the plan would be have it work as it has with the staff and report back to the NEWAC as needed/requested by the Committee.

NEXT STEPS: Implement Committee Decision

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.2
DATE: January 26, 2017

ACTION REQUESTED: Review/Discuss RN Recruitment in California – Ways to Increase Diversity

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: Continued outreach to ensure diversity in the RN profession and to build on what has already been accomplished is critical. The BRN continues its efforts to address this issue, including adding links on the BRN Web site space that has been dedicated to this issue that link to career and financial aid information that specifically serve minority students and men in nursing; developed a flyer targeted to African-American and Latino males and has included it on the BRN Web site at <http://www.rn.ca.gov/pdfs/careerbrochure.pdf> and is attached here; and questions are included on the Annual School Survey that collects demographic data of students and faculty and questions related to outreach and retention efforts for students from underrepresented groups in RN programs and for faculty recruitment and training.

The Committee can share their activities and ideas on ways to increase diversity.

NEXT STEPS: Complete any necessary follow-up

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist

OTHER RESOURCES

Organizations and Websites:

Discover Nursing

Diversity Nursing.com

MinorityNurse.com

National Association of Hispanic Nurses

National Black Nurses Association

National Coalition of Ethnic Minority
Nurse Associations

Philippine Nurses Association of America

For Men in the Profession:

American Assembly for Men
in Nursing (aamn.org)

Career Tools:

Scholarships for Minorities in Nursing

ExploreHealthCareers.org

MORE QUESTIONS?

Contact the California Board
of Registered Nursing
at (916) 322-3350 or visit
www.rn.ca.gov.

CONSIDER A REWARDING CAREER IN NURSING!



A career in nursing provides opportunities to work with diverse people, communities, systems and technology, and offers financial stability with a flexible work schedule.



NURSING TODAY

Healthcare is one of the fastest-growing occupational industries (U.S. Census Bureau). Nursing is one of the largest populated careers in the United States, providing jobs for more than 2.7 million people nationwide (Bureau of Labor Statistics, 2015) and offering a wide variety of opportunities for those committed to caring for others. The profession offers a choice of many different specialties and emphasizes critical thinking, scientific evidence-based practice, clinical skills, patient protection, and advocacy.

Increased numbers of people with health insurance coverage has increased the demand for healthcare services. A large number of nurses are preparing to retire from the workforce, and the aging of our population is increasing the need for long-term healthcare and end-of-life services.

A predicted shortage of healthcare providers has created a need for recruitment and retaining to increase the pool of Registered Nurses (RNs). A high priority is increased recruitment of men, including those with ethnically diverse backgrounds. **It is a great time for men to consider a career in nursing!**

OPPORTUNITIES AND BENEFITS

Currently, the largest percentage of nurses is women. However, the number of men in the profession has continuously grown over the last several decades (2011 American Community Survey) as more men discover the richness of career opportunities available in the nursing profession.

According to recent surveys, Registered Nurses have very low unemployment rates because of high demand for skilled nursing care, and annual salaries range from \$60,700 to \$162,900.

NURSING OCCUPATIONS AND WHAT THEY DO

Registered Nurse—Assess patient health problems and needs, develop and implement nursing care plans, maintain medical records, and administer holistic healthcare. Average pay is \$60,000-plus.

Nurse Anesthetist—Administer anesthesia and monitor patients’ recovery from anesthesia. Specialized graduate education is required. Average pay is \$150,000-plus.

Nurse-Midwife—Diagnose and coordinate all aspects of the birthing process and provide gynecological care. Specialized graduate education is required. Average pay is \$80,000-plus.

Nurse Practitioner—Diagnose and treat illnesses and order, perform, or interpret diagnostic tests. May prescribe medications and work as healthcare consultant. Graduate education after completion of a basic RN education program is required and can include specialization in areas such as pediatrics, geriatrics, women’s health, mental health, family practice, and more. Average pay is \$80,000-plus.

WHAT IT TAKES

There are many routes to travel to arrive at a nursing career. Whether you’re still in high school, a college student, or weighing a career change, consider a career in nursing that will allow you to make a positive difference in the lives of others while also achieving your personal and financial goals. The California Board of Registered Nursing (BRN) has resources to assist you with exploring and planning your nursing career.

GETTING FROM POINT A TO POINT B

A U.S. high school education or the equivalent as described in Section 1412 of BRN’s regulations is required to become a Registered Nurse. Individual nursing schools vary in their nursing course prerequisite and nursing program course requirements.

If you are about to enter or are still in high school, you should follow a college preparatory plan to provide a strong basis for your nursing studies at college. Talk to your high school guidance counselor and visit the websites of the California nursing schools you are considering.

If you have already completed high school, visit the websites of the California nursing schools you are considering. Review their requirements for admission to the college as well as admission to the nursing program. Make an appointment to meet with a college admissions counselor for an evaluation of your individual situation to determine what courses you will need to take and how to meet requirements for nursing program admission.



CHOOSING A PROGRAM

In California, there are several types of pre-licensure nursing programs and two alternative routes to become a Registered Nurse:

Associate Degree in Nursing (ADN)—Takes 2–3 years. Offered at many private and public community colleges. Prepares you to provide registered nursing care in a variety of settings with opportunities to advance into administrative and leadership positions.

Bachelor of Science Degree in Nursing (BSN)—Takes 4 years. Offered at many public and private colleges. Prepares you to provide registered nursing care in a variety of settings with opportunities to advance into administrative and leadership positions.

Entry Level Master’s Degree in Nursing (ELM)—Designed for adults who have a baccalaureate degree in another field and wish to become registered nurses. Takes 1-2 years depending on how many nursing course prerequisites you have already completed. Graduate receives a master’s degree in nursing.

LVN 30-Unit Option—Designed as a career ladder for California Licensed Vocational Nurses (LVN) to become Registered Nurses. Takes approximately 18–24 months. No degree is granted upon completion. You must obtain an LVN license prior to pursuing this option. Some states do not recognize California’s LVN 30-Unit Option and will not issue an RN license to these LVNs. Therefore, many LVNs choose to complete an ADN or BSN program to earn a degree that provides greater career flexibility and mobility. Most ADN, BSN, and ELM programs grant credit toward the degree for some of the coursework completed to become an LVN.

Military Education/Experience—California law permits those with military education and experience to take the national RN licensure examination if they have completed RN-level education and clinical experience.



SELECT A COLLEGE AND APPLY FOR ADMISSION

Visit the websites and campuses of the colleges in the geographic areas of interest to you. You can choose from over 140 California nursing schools.

Review entry requirements of the colleges you are considering.

Apply at more than one college to give yourself options. Many colleges have limited space for nursing students.

Please visit: www.rn.ca.gov for a complete listing of registered nursing schools located throughout California.

CONSIDER COSTS

The cost of a nursing education program can vary greatly depending on the college and the degree program. However, cost does not have to be a barrier since opportunities abound for scholarships, loans, and loan forgiveness programs. Visit the “Financial Aid Information” section of the Board’s website for more information.

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.3
DATE: January 26, 2017

ACTION REQUESTED: Review/Discuss Clinical Practice Sites – Issues Related to Educators and Employers and Displacement Issues

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: The Board has heard from schools at various meetings that clinical placements can continue to be a challenge. It is important to have dialogue with educators and employers on this issue, especially as more non-traditional settings are being used.

The BRN collects data on the Annual School Survey and a summary of that data is included below. The 2015-2016 data is preliminary. The final 2015-2015 Annual School Reports will be posted to the BRN Web Site when completed.

RN Programs Denied Clinical Space, by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Number of programs denied a clinical placement, unit or shift	93	85	90	81	70	60
Programs offered alternative by site*	-	-	-	-	24	27
Placements, units or shifts lost*	-	-	-	-	272	213
Number of programs that reported	142	140	143	141	135	138
Total number of students affected	2,190	1,006	2,368	2,195	2,145	1,278

RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift by Academic Year

	2014- 2015	2015- 2016
ADN	31	37
BSN	18	22
ELM	9	6
All Programs	58	65

Reasons for Clinical Space Being Unavailable, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%	48.7%	48.3%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%	39.5%	35.0%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%	38.2%	33.3%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%	18.4%	28.3%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%	17.1%	26.7%
No longer accepting ADN students**	26.0%	16.1%	21.2%	20.0%	23.5%	21.1%	23.3%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%	26.3%	23.3%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%	25.0%	21.7%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%	21.1%	18.3%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%	17.1%	18.3%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%	13.2%	10.0%
Other	20.8%	9.7%	10.6%	11.1%	11.1%	17.1%	10.0%
Facility moving to a new location					6.2%		
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					4.9%	1.3%	1.7%

Reasons for Clinical Space Being Unavailable, by Program Type, 2015-2016

	ADN	BSN	ELM	All Programs
Competition for clinical space due to increase in number of nursing students in region	48.6%	52.9%	33.3%	48.3%
Displaced by another program	37.8%	29.4%	33.3%	35.0%
Staff nurse overload or insufficient qualified staff	24.3%	52.9%	33.3%	33.3%
Closure, or partial closure, of clinical facility	10.8%	47.1%	83.3%	28.3%
Nurse residency programs	24.3%	29.4%	33.3%	26.7%
Visit from Joint Commission or other accrediting agency	18.9%	35.3%	16.7%	23.3%
No longer accepting ADN students*	32.4%	5.9%	16.7%	23.3%
Decrease in patient census	16.2%	35.3%	16.7%	21.7%
Change in facility ownership/management	21.6%	17.6%	0.0%	18.3%
Clinical facility seeking magnet status	24.3%	11.8%	0.0%	18.3%
Implementation of Electronic Health Records system	5.4%	23.5%	0.0%	10.0%
Other	2.7%	17.6%	33.3%	10.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	0.0%	5.9%	0.0%	1.7%
Number of programs that reported	37	17	6	60

Strategies to Address the Loss of Clinical Space*, by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%	66.2%	76.3%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%	44.1%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%	32.2%
Clinical simulation	29.4%	34.4%	32.1%	37.8%	30.5%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%	5.1%
Other	9.4%	4.4%	1.2%	8.1%	3.4%
Number of programs that reported	85	90	81	74	59

Alternative Out-of-Hospital Clinical Sites Used by RN Programs, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Public health or community health agency	43.60%	51.80%	55.00%	53.70%	41.00%	51.2%
Home health agency/home health service	30.90%	32.10%	35.00%	19.50%	20.50%	41.9%
Medical practice, clinic, physician office	23.60%	33.90%	22.50%	39.00%	30.80%	37.2%
Outpatient mental health/substance abuse	36.40%	42.90%	20.00%	39.00%	28.20%	34.9%
Skilled nursing/rehabilitation facility	47.30%	46.40%	45.00%	43.90%	46.20%	32.6%
School health service (K-12 or college)	30.90%	30.40%	22.50%	34.10%	38.50%	27.9%
Surgery center/ambulatory care center	20.00%	23.20%	30.00%	29.30%	28.20%	25.6%
Hospice	25.50%	25.00%	27.50%	29.30%	23.10%	25.6%
Case management/disease management	7.30%	12.50%	5.00%	7.30%	7.70%	16.3%
Other	14.50%	17.90%	17.50%	12.20%	12.80%	16.3%
Correctional facility, prison or jail	5.50%	7.10%	5.00%	7.30%	10.30%	9.3%
Urgent care, not hospital-based	9.10%	10.70%	5.00%	12.20%	7.70%	7.0%
Renal dialysis unit	12.70%	5.40%	5.00%	4.90%	5.10%	7.0%
Occupational health or employee health service	5.50%	5.40%	0.00%	2.40%	0.00%	2.3%
Number of programs that reported	55	56	40	41	39	43

Common Types of Restricted Access in the Clinical Setting for RN Students*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%	68.8%	77.4%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%	59.1%	69.0%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%	60.2%	61.9%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%	44.1%	54.8%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%	40.9%	42.9%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%	30.1%	34.5%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%	26.9%	34.5%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%	31.2%	27.4%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%	19.4%	19.0%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%	7.5%	8.3%
Number of schools that reported	94	100	101	95	93	93	85

Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration*, by Academic Year

	Electronic Medical Records			Medication Administration		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Liability	42.9%	35.8%	40.5%	66.7%	68.1%	64.2%
Insufficient time to train students	61.9%	70.4%	74.3%	36.4%	31.9%	35.8%
Staff fatigue/burnout	32.1%	29.6%	32.4%	37.9%	30.4%	29.9%
Staff still learning and unable to assure documentation standards are being met	63.1%	59.3%	52.7%	45.5%	29.0%	22.4%
Cost for training	29.8%	29.6%	29.7%	24.2%	21.7%	17.9%
Other	14.3%	7.4%	14.9%	18.2%	11.6%	16.4%
Patient confidentiality	28.6%	22.2%	28.4%	18.2%	7.2%	6.0%
Number of schools that reported	84	81	74	66	69	67

*Numbers indicate the percent of schools reporting these restrictions as “uncommon”, “common” or “very common” to capture any instances where reasons were reported.”

How the Nursing Program Compensates for Training in Areas of Restricted Access*

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools
Training students in the simulation lab	80.6%	87.1%	88.0%
Training students in the classroom	53.8%	57.0%	66.3%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%	47.0%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%
Other	9.7%	11.8%	18.1%
Number of schools that reported	93	93	83

NEXT STEPS:

Complete any necessary follow-up

PERSON(S) TO CONTACT:

Julie Campbell-Warnock, Research Program Specialist

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.4
DATE: January 26, 2017

ACTION REQUESTED: Review/Discuss Clinical Simulation

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: Clinical simulation is an ongoing topic of discussion and it is important to have dialogue with educators and employers on this issue. The BRN collects data on the Annual School Survey and a summary of that data is included below. Below is an excerpt from that section of the draft 2015-2016 report. The 2015-2016 data is preliminary. The final 2015-2015 Annual School Reports will be posted to the BRN Web Site when completed.

NCSBN completed a study related to Clinical Simulation available on the NCSBN Web site and the BRN completed a survey of recent graduates and their perception of clinical simulation in preparing them for practice. This report is available on the BRN Web site.

Excerpt from the BRN Annual School Survey:

Clinical Training in Nursing Education

Questions regarding clinical simulation¹ were revised in the 2014-2015 survey to collect data on the average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. One-hundred and thirty-six (96%) of 141 nursing programs reported using clinical simulation in 2015-2016.²

In 2015-2016, programs allocate the largest proportion of clinical hours to direct patient care (80%), followed by skills labs (13%) and simulation (7%). The content areas using the largest number of hours of clinical simulation on average are Medical/Surgical (24.3) and Fundamentals (9.6). The largest number of clinical training hours by content area was reported for Medical/Surgical (344) followed by Fundamentals (143.4).

In 2015-2016, the largest *proportion* of clinical training hours for simulation were reported by Obstetrics and Pediatrics (9% each); for skills labs was reported by Fundamentals (38%); and the largest proportion of direct patient care hours was reported by Leadership and Management (93%), Psychiatry/Mental Health (89%) and Geriatrics (87%).

These numbers and proportions were very similar to those reported in 2014-2015.

¹ Clinical simulation provides a simulated real-time nursing care experience which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

² 139 programs reported. 3 of these programs reported not using clinical simulation and 2 programs did not answer the question.

Average Hours Spent in Clinical Training by Content Area by Academic Year*

Content Area	Direct Patient Care		Skills Labs		Clinical Simulation		All Content Areas	
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Medical/surgical	273.6	285.2	29.2	34.7	27.2	24.3	327.2	344.0
Fundamentals	82.0	78.8	44.9	55.2	9.7	9.6	135.5	143.4
Obstetrics	73.1	74.8	8.0	8.8	11.5	8.8	91.9	92.3
Psychiatry/mental health	76.5	79.5	5.2	5.1	5.3	4.7	86.3	89.2
Pediatrics	71.4	73.5	7.6	7.6	7.7	7.6	85.9	88.6
Geriatrics	65.2	77.0	4.8	5.2	4.8	6.4	73.1	88.6
Leadership/management	62.8	62.7	5.5	2.1	3.9	3	71.1	67.7
Other	36.2	32.5	1.7	1.7	2.5	1.9	39.5	36.2
Total average clinical hours	732.9	764.0	105.8	119.9	71.8	66.0	910.5	949.9
Percent of Clinical Hours	80.5%	80.4%	11.6%	12.6%	7.9%	6.9%	100.0%	100.0%
Number of programs that reported hours	130	136	130	136	130	136	130	136

*Schools that did not report clinical training hours were excluded from this analysis

NEXT STEPS:

Complete any necessary follow-up

PERSON(S) TO CONTACT:

Julie Campbell-Warnock, Research Program Specialist

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.5
DATE: January 26, 2017

ACTION REQUESTED: Review/Discuss Changes in Education for Ambulatory Care

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: More and more, care is moving outside the traditional hospital setting, so it is important the clinical practice sites for nursing students reflect these changes as they are prepared to fulfill roles in the future. Continuing to emphasize core skill development all along the continuum of care, rather than one segment, is increasingly important. Employers are reporting increased hiring of RNs in ambulatory care settings, home health care, and case management. It is important to have discussion on this issue between employers and educators.

NEXT STEPS: Complete any necessary follow-up

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist

BOARD OF REGISTERED NURSING
Nursing Education & Workforce Advisory Committee
Agenda Item Summary

AGENDA ITEM: 3.6
DATE: January 26, 2017

ACTION REQUESTED: Review/Discuss Recent Nursing Education and Workforce Research and Ideas

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: Opportunity to share recent nursing education and/or workforce research completed or ideas for future.

NEXT STEPS: Complete any necessary follow-up

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist